A Report of Suicide Trends and Overall Suicide Prevention Measures in Germany: Opinion on Prevention Measures is Important

The Editor,

Sir,

In Japan, the number of suicides in 1998 increased rapidly, and the trend has continued since then, making suicide one of Japan’s major social problems. It is clear that specific and effective suicide prevention measures are immediately necessary to decrease suicide rates. There have been reports (1–4) of decreases in suicide rates and understanding of the suicide prevention measures in countries may be beneficial to Japan. In this research, we examined the 1990, 1995 and 2000 suicide rates among men and women in Germany according to a special report on vital statistics (5) and viewpoints of effective suicide prevention.

Among men in Germany, suicide rates in 1990, 1995 and 2000 were 24.9, 23.2, and 20.3 (per 100 000 population), and the rates in 1990, 1995 and 2000 among women were 10.7, 8.7, and 7.0. These numbers show that suicide rates in 2000 among women were 10.7, 8.7, and 7.0. These numbers show that suicide rates in 2000 have decreased since 1990 and 1995 for both men and women.

It has been reported (6) that more than 90% of German general practitioners gave positive answers in interviews regarding patients’ mental condition in routine medical examinations. Comprehensive depression measures and suicide prevention programmes have been carried out in the city of Nuremberg, Germany, with this programme including intervention procedures intended for inhabitants, general practitioners, specialists in the area and patients with depression (7). The results of the programme have shown a decrease in suicide rates in the area.

Various disciplines must cooperate to prevent suicide and this is important for an effective overall suicide prevention programme in Japan.

From: K Inoue1, T Fukunaga2, S Abe2,3 Y Okazaki4, Y Ono1 1Department of Public Health, Fujita Health University School of Medicine, Aichi 470-1192, Japan 2Tokyo Medical Examiner’s Office, Tokyo Metropolital Government, Tokyo 112-0012, Japan, 3Division of Forensic Pathology and Science, Unit of Social Medicine, Course of Medical and Dental Sciences, Graduate School of Biomedical Sciences, Nagasaki University, Nagasaki 852-8523, Japan 4Tokyo Metropolitan Matsuzawa Hospital, Tokyo 156-0057, Japan.

Correspondence: Dr K Inoue, Department of Public Health, Fujita Health University School of Medicine, 1-98, Dengaku kuburo, Kutsukake-cho, Toyoake, Aichi 470-1192, Japan Fax: +81-562-93-3079, e-mail: ke-inoue@fujita-hu.ac.jp

REFERENCES